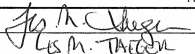


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS		<i>Application/Patent Number</i>	7,049,294
		<i>Filing/Issue Date</i>	May 23, 2006
		<i>First Named Inventor/Patentee</i>	Darrell H. Carney
		<i>Confirmation Number</i>	2963
		<i>Group Art Unit</i>	1653
		<i>Examiner Name</i>	Robert B. Mondesi
		<i>Attorney Docket Number</i>	3033.1008-008
<i>Title</i>	USE OF THROMBIN-DERIVED PEPTIDES FOR THE THERAPY OF CHRONIC DERMAL ULCERS		
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> I hereby appoint the following practitioner(s): <u>[Not to exceed 10]</u>			
OR			
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 48329			
Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> Customer Number 48329 Foley & Lardner LLP 111 Huntington Avenue Boston, Massachusetts 02199-7610			
<input type="checkbox"/> Other			
Please direct all telephone calls and facsimiles to:			
Name	Steven G. Davis, Esq.		Tel. No. (617) 342-4000 Fax No. (617) 342-4001
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Authorized representative of the Assignee, Capstone Therapeutics, Formerly known as Orthologic Corp., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.			
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name & Title	Steven G. Davis CFO		
Date	7-13-2009		